# Correspondence.

"Audi alteram partem."

### ELECTION AT THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—As the bye-laws of the Royal College of Surgeons require me to stand again for election into the Council on July 1st, after two years' tenure of office, I may be permitted to express my hope that the Fellows will continue their trust in me. The Council has met twenty-five times during my membership, and I have attended every meeting. Besides sharing in routine business, I have served on two important committees, one for widening the basis on which the Fellowship may be obtained, the other for considering the question of granting the title of M.D. to Members who have passed the conjoint examinations of the two Colleges. In joining in the work of these committees, I have striven to promote the acceptance of these proposals, which are in my opinion most desirable to bring into operation. By taking part in all discussions, where I believed I could do so usefully, I have endeavoured to instruct myself in the business of the College and to perform the duties entrusted to me. On these experiences I venture to rest my claim for a renewal of the confidence of the Fellows in the coming I am, Sir, yours truly, election. Wimpole-street, June 22nd. BERKELEY HILL.

## TUBERCLE BACILLI IN ADDISON'S DISEASE. To the Editor of THE LANCET.

SIR,—With reference to Goldenblum's discovery, will you kindly allow me to add a confirmation of Professor Curnow's observation published in your last week's issue? three years ago I examined the suprarenal capsule from a case of Addison's disease, which, although presenting no pigmentation of the skin, was in all other respects a typical case. One supra-renal capsule was atrophied; the other, the size of a turkey egg, was completely degenerated, except in one corner, where a little normal suprarenal tissue was seen. After examining a large number of sections, prepared by Ehrlich's method, neither I nor Dr. Dreschfeld, whose demonstrator I then was, could find any tubercle bacilli. At the same time, negative evidence such as this does not prove that the affection is non-tubercular, or that bacilli had not been present at a former period of the disease. Tubercle bacilli are usually found not in old degenerated parts, but at the borders where active changes are still going on. In a caseous giant cell, for instance, as Weigert has insisted on, the bacilli are numerous at the borders, where the nuclei are still proliferating, but few in number or entirely absent in the central degenerated portion. So, in the suprarenal cap-sule, the stage of activity may have already passed, and with it the tubercle bacilli.

I am, Sir, yours obediently, Westbourne-terrace, W., June 21st, 1886. ROBERT MAGUIRE.

#### To the Editor of THE LANCET.

SIR,—While working in the laboratory of the late Professor Cohnheim, in Leipzig, in the summer of 1882, I had the opportunity of examining the suprarenal capsules in a case of Addison's disease. By means of the Ehrlich method I was able to discover numerous tubercle bacilli scattered throughout their substance. I regret that I had no opportunity at the same time of examining the other organs of the body in order to ascertain the presence or absence in them of bacilli. My observation, however, of the presence of the organisms in the suprarenal bodies, though hitherto unpublished, was communicated to the Royal Medical Society of Edinburgh in a paper on the "Bacillus of Tubercle," read by me before the Society in January, 1883. The microscopic preparations I have still, but the bacilli are now no longer visible, the gentian-violet with which they were stained having disappeared during the four years which have now elapsed since their preparation.

I am Sir yours faithfully

I am, Sir, yours faithfully, ARTHUR H. CLEMOW, M.B.

Waterloo, near Liverpool, June, 1886

#### INCUBATION OF TYPHOID FEVER.

To the Editor of THE LANCET.

SIR,—Two children left their home in the country to come to a London boarding-school on Jan. 11th. On Jan. 27th, the younger of the two sickened with typhoid fever. It was then discovered that at the village where they lived there was quite an epidemic of typhoid, and that the water-supply of the house had become contaminated. The schoolmaster at once wished to know at what date it could be master at once wished to know at what date it could be definitely said that the elder boy had not contracted the disease. Wishing to be quite safe in my prognosis, I replied that, although it was impossible to say exactly, if he remained quite well at the end of three weeks and a half, dating from January 11th, he would probably escape. The younger boy was moved from the school to a house near, and the master kept a most careful watch over the alder one until the three weeks and a half had expired at elder one until the three weeks and a half had expired, at which date he seemed in perfect health. My disappointment was great to find that on February 7th, or twenty-seven days from Jan. 11th, he did not feel quite the thing, and his evening temperature was 100°. Up to this date he had taken his food heartily and was in capital spirits. He later on had troublesome constipation, and died of intestinal hæmorrhage.

No other boy in the school contracted the disease.

The following is a list of the inmates of this country house who have caught the fever. Where known, I have stated the latest possible date on which the patient could have contracted the disease; of course it may have been contracted much earlier. 1. Younger boy came up to boarding-school on Jan. 11th; recovered; incubation sixteen days. 2. Elder boy came up with No. 1 on Jan. 11th; died of hæmorrhage; incubation twenty-seven days.

3. A sister left home on Jan. 21st to stay with friends; recovered; incubation nine days. 4. A brother left home on Jan. 14th to stay with friends; recovered; incubation sixteen days. 5. The nurse of No. 4; recovered. 6. Cook, who lived at the country house and stayed there throughout; recovered. 7. A. servant, who came up from the country house, and being taken ill was sent to a cottage hospital near, where she was said to be suffering from scarlet fever and sent on to the fever hospital, but on inquiry I found it was a simple case of typhoid; recovered.

I am, Sir, yours truly,
J. LANGTON HEWER, M.B. Lond. Highbury New Park, N., June, 1886.

#### WHOOPING-COUGH.

To the Editor of THE LANCET.

SIR,—I had no intention, nor have I now, of denying the accuracy of Dr. Donkin's history, but I wished to point out the acknowledged difficulty of isolation, especially in the convalescent stages, of the exanthematous fevers, and the possibility of infection from some external source, unknown and undreamt of by the medical attendant. I have known the contagion of pertussis to be apparently carried by foul linen, handkerchiefs, napkins, &c., and to result in whooping-cough after the usual period of incubation; and when we consider how easily contagion might be so conveyed, without a suspicion arising before the mind of the medical attendant, I am rather inclined to attribute these cases to some such unwholesome cause than to an exceptional deviation from the general law. With regard to the frequency of whooping-cough as a sequence of measles, I am quite at one with the writer, and have explained in my paper the manner in which this and probably other exanthemata act.

I am, Sir, yours &c., W. H. BARLOW. Manchester, June, 1886.

## ELECTROLYSIS OF STRICTURE OF THE URETHRA.

#### To the Editor of THE LANCET.

SIR,—At the same time that I would acknowledge the importance of Mr. Bruce Clarke's courteous criticism of my letter upon the above subject in THE LANCET of June 5th, I would submit that he has not accurately guaged the careful wording of my first paragraph. He believes that it implies that he has used *strong* currents in the electrolysis of stricture. Now I had especially guarded against this in-ference being drawn, by using comparatives. I described the